

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 4710-0122PUS1	
Application No. 10/553,214-Conf. #8978	Filing Date October 13, 2005	Examiner A. Soroush		Art Unit 1616	
Applicant(s): Masanao KAMEI et al.					
Invention: ORGANOPOLYSILOXANE HAIR TREATMENT AGENT AND HAIR COSMETIC CONTAINING THE TREATMENT AGENT					
<p><b>MS Amendment</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	11	- 31 =	0	x 50.00	0.00
Independent Claims	1	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> <span style="float: right;">0.00</span>					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 <u>Gerald M. Murphy, Jr.</u> Attorney Reg. No.: 28,977					
Dated: <u>November 14, 2007</u>					
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